## FILE NOW: Fee after May 1, will be \$588.75

### STATE   Make Check Pepable To: FLORIDA DEPARTMENT OF STATE   Arma and Medical Jacks of Company   DOCUMENT #1.95000000229   MAGNA INVESTMENTS, L.C. 31.5 NORTH RED ROAD   SUITE 400   MIAMI FL 33126   Make Check Pepable To: FLORIDA #1.95000000229   MAGNA INVESTMENTS, L.C. 31.5 NORTH RED ROAD   SUITE 400   MIAMI FL 33126   Make Check Pepable To: Florida Pepale Medical State of Period Pepale Pepale State of Period Pepale State of Period Pepale Pepale State of Period State Pepale State of Period State Pepale State of Period State Pepale State Pepale State of Period State Pepale State of Period State Pepale									<u> </u>					•	
\$ 203.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  I Name and Mading Address of Limited Labelty Company MAGNA INVESTMENTS, L.C. 815 NORTH RED ROAD SULTE 400 MIAMI FL 33126  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strate correction in Bigd 18.  If allows making soldess is incinned in any way, like theory becomes information and strategy and st	ĺ	ANNU	AL REP		ANY		8	andra B. Secretary	Mortha of State	1111		FILE	D		
Name and Malining Address   DOCUMENT #1.95000000229  MAGNA INVESTMENTS, L.C. 815 NORTH RED ROAD SUITE 400 MIAMI F1 33126  If above multip address is account or any way, the through incorrect beformation and errise correction is Book 2a.  If above multip address is account or any way, the through incorrect beformation and errise correction is Book 2a.  If above multip address is account or any way, the through incorrect beformation and errise correction is Book 2a.  If above multip address is account or any way, the through incorrect beformation and errise correction is Book 2a.  If above multip address is account or any way, the through incorrect beformation and errise correction is Book 2a.  If above multip address is account or any way, the through incorrect beformation and errise correction is Book 2a.  If above multip address is account or any way, the through some properties before the Book 2a.  If above multip address is account or any way, the through some properties before the Book 2a.  If above multip address is account or any way, the through some properties before the Book 2a.  If above multip address is account or any way, the through some properties before the Book 2a.  If above multip address is account or any way, the through some properties before the Book 2a.  If above multiple address is account or any way, the through some properties before the Book 2a.  If above multiple address is accounted any through the Book 2a.  If above multiple address is accounted any through a Book 2a.  If above multiple address is accounted any through a Book 2a.  If above multiple address is accounted any through a Book 2a.  If above multiple address is accounted any through a Book 2a.  If										97	97 JAN 29 AM 8: 33				
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2. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Applied For  To. Name and Address of Current Registered Agent  To. Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptables)  SUITER 400  W. AMIL N. J. 33126  Suite, Apt. #, etc.  City  FL  Zip Code  P. Pursuant to the provisions of Sections 609 416 and 606 508, Florida Statutes, the aboven-named limited flability company submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida, Suite change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the delegations.  SIGNATURE  Programed Agent Accessing Acceptance in Polit. Registers Agent agents are required by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the delegations.  Business Street Address  City, State and Zip Code  30NZALEZ, LOUIS O  815 NORTH RED RD. SUITE 40 NIAMI FL  BUDDIDEDEDEDEDEDEDEDEDEDEDEDEDEDEDEDEDEDE	8   S	815 NORTH RED ROAD SUTTE 400										1a. Principal Place of Business Address 815 NORTH RED ROAD SUITE 400			
Suite, Api, *, etc.    Suite, Api, *, etc.   Suite, Api, *, etc.   Suite, Api, *, etc.   A. FEI Number   Applied For   Applied F	If above	If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.													
Suite. Apt #, 60:  Suite. Apt #,	2. Princip	pai Place	of Busines	SS		2a. M	ailing Addr	ig Address			3. Date Organized or Qualified   3a. State of Formation				
A. FEI Number   Applied For	Suite An	t # etc				Suite	Ani # atc	H ato			_þ3/23/1	995	FL		
The Country Zip Country Sip Base of Last Report Country Countr	Suite, Ap	i m, Olo.				Suite,	npi. #, etc.	. # <sub>1</sub> etc.			4. FEI Numb	er	<u>-</u>	Applied For	
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name  8. Name and Address of New Registered Agent  8. Name  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered	City & State						City & State							<u> </u>	
7. Name and Address of Current Registered Agent  SMTSTI, LESTIE G 8.1.5 NORTH RED ROAD  SULTER 400  M. AMIL 1: 33126  Sireet Address (P.O. Box Number is Not Acceptable)  Sulter, 400  Sulter, 400  City  Izp Code  FL  Included agent, or both, in the State of Fiorida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the objections.  SIGNATURE  IRregarded Agent Accepting Agent Accepting Agent Ag	Zip		Country		Zip		Co	ountry		1					
Name  SITE OF ADD  SULTER 400  MINAME FL 33126  Surie, Apt. #, etc.  City  FL  Zip Code  Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered spent, or both, in the State of Florida, Such change was surfrorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered spent, and accept the obligations.  SIGNATURE  The general Apart Accessive Juccenture (not) to Registered Apart Lightlack required when restation).  10. Title  Managing Members/Managers  Business Sheet Address  City, State and Zip Code  MGR  GONZALEZ, LOUIS O  S15 NORTH RED RD. SUITE 40 NIAMI FL  SIGNATURE 11. Ido hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Humber certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the trinned liability company or the notice or trustee empowered to execute this report as required by Chapter 606, Florida Statutes, and that my name expeans in Block 10, or on an attachment with an address.  SIGNATURE:  Amagement and address.	<u> </u>	7.	Name an	d Address	s of Curren	t Register	ed Agent						egistered /	Agent	
SUITER 400  M. AM. P. I. 33126  Suite, Apt. F. etc.  City  Exp. Code  9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepts Agent Agent Accepts Agent Agent Accepts Agent Agent Accepts Agent Accepts Agent Accepts Agent Accepts Agent Agent Accepts Agent Accepts Agent Agent Agent Accepts Agent		Name									<del></del>				
Business Street Address  City, State and Zip Code  MGR  GONZALEZ, LOUIS O  S15 NORTH RED RD. SUITE 40 NIAMI FI.  SOUDIO 2073988—6  -01/30/9701076001  *****203.75  ******203.75  ******203.75  ******203.75  ******203.75  *******203.75  *******203.75  ***********************************	9. Pursu its registe as registe	eant to the ered office ered ager	3312. e provision e or registe nt, and acc	s of Section red agent, apt the ob	or both, in the	ne State of F	Florida, Suc	ch change w	City ne above-n as authoriz	amed limite	ed liability compar native vote of a me	ny submits this sta ajority of the member	tement for the	ne purpose of changing accept the appointment	
MGR GONZALEZ, LOUIS O 815 NORTH RED RD. SUITE 40 NIAMI FI.  SOUDDO2073988							(NOTE: Regi								
80002073985—6 -01/30/97—01076—001 *****203.75 *****203.75  *****203.75  *****203.75  *****203.75  *****203.75  ******203.75  ******203.75  ******203.75  ******203.75  *******203.75  *******203.75  *******203.75  ***********************************	10. Title	<del> </del>	Manag	ing Memb	ers/Manage	ors		Bu	ISINGSS ST	eet Addres	5		y, Siale and	I ZIP Code	
indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE:	MGR	GONZ	JALEZ	, LO	JIS O		815	NORTH	RED	RD.		obboos	073	9886 1076001 *****203.75	
SIGNÀTURE AND TYPEINCE PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Phong #	indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE:														